



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
2 NAVY ANNEX
WASHINGTON, D.C. 20370-5100

JRE
Docket No: 154-99
22 November 2000

Dear [REDACTED]:

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 2 November 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, it considered the advisory opinion provided by a designee of the Specialty Leader for Psychiatry, dated 2 September 1999, and the information submitted in response thereto.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. It substantially concurred with so much of the advisory opinion as provides that you did not suffer from post traumatic stress disorder prior to your discharge from the Navy, and that your reenlistment code of RE-4 should not be changed.

The Board rejected the designee's conclusion that you did not suffer from a personality disorder. In this regard, it noted that you were given the diagnosis of a borderline personality disorder by a medical board composed of two psychiatrists who observed, evaluated and treated you during an extended period of psychiatric hospitalization, and that the diagnosis was likely based in large part on information which was contained in your in-patient psychiatric records, but not recorded in the medical board report. The Board concluded that the medical board's determination that you suffered from a personality disorder was reasonable, and it was not persuaded that it would be in the interest of justice to expunge the diagnosis from your record.

The Board rejected your contentions to the effect that you did not suffer from headaches and

had no psychiatric difficulties prior to the alleged assault which you say occurred during June or July 1981. It noted that you began to complain about headaches more than six months earlier, on 1 November 1980, after bumping your head on a wall and/or a towel dispenser. Several hours after you bumped your head, you became nauseated and very anxious, and experienced a "wave of pain", for which you sought medical care. After receiving extensive medical evaluation and treatment, with no resolution of your symptoms, you were referred for psychiatric evaluation on 16 March 1981, well before the alleged assault; however, you refused to be seen at the psychiatric clinic at that time. On 15 June 1981, you reported a six month history of generalized headaches, with malaise, fatigue, and nausea associated with working night shifts. You were given provisional diagnoses of psychophysiological reaction and hysterical personality, and recommended for administrative separation or medical board action. You were hospitalized on 30 June 1981, and subsequently became the subject of the aforementioned medical board, which gave you a diagnosis of a borderline personality disorder, and recommended that you be discharged. The Board noted that you continued to complain of headaches following your discharge, rather than a psychiatric condition. A post-service medical report, dated 18 April 1994, prepared in connection with your claim for veteran's benefits for neck pain and residuals of a head injury, indicates that you bumped your head on a towel dispenser in 1981, and were dazed for a few minutes. Thereafter, you developed severe recurrent headaches with photophobia, which you maintained persisted over the next six to eight months, and recurred thereafter. You did not mention or associate the alleged June/July 1981 assault with the development of your symptoms.

The Board concluded that the post-service medical evidence submitted in support of your application for a change of diagnosis to post traumatic stress disorder was of no probative value. It appeared to the Board that the opinions expressed by your mental health providers were based in large part on your self-serving representations concerning events which happened many years earlier, rather than on a careful review of your service and medical records.

In view of the following, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official

records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER
Executive Director

MEMORANDUM

Date: 02 SEP 99
From: [REDACTED] CDR, MC, USNR
To: Board for the Correction of Naval Records
Subj: APPLICATION FOR CORRECTION OF NAVAL RECORDS ICO
FORMER [REDACTED]

Ref: (a) Chairman, BCNR, ltr AEG, Docket # 154-99, dtd 22 JUL 99

Encl: (1) BCNR File
(2) Service Record
(3) Medical Record
(4) VA Psychiatric Record

1. Per your verbal request and in accordance with ref (a), I have reviewed enclosures (1) through (4).

2. Review of service record does support her contention of being a solid almost 4.0 sailor. Narrative write ups are quite strong.

3. Review of the medical record is striking for the number of sick call visits this member had during her Navy tour. There was no contact with psychiatry until the events just before her discharge.

4. Review of the VA record reveals that member was diagnosed with Post Traumatic Stress Disorder based on an assault that took place while on active duty. She has been awarded 50% service connected disability because of this.

5. Review of the BCNR record was long and arduous due to the sheer size of the documentation she has provided. Essentially she is asking for a change in re-enlistment code and deletion of "unsuitability".

6. Based on my review I do not find the documentation to support a diagnosis of a personality disorder. HM3 [REDACTED] did not manifest any major character problems until after the incident. I therefore would support her petition.


I am troubled, however, by a number of issues in this record. Medical notes at the time do not even mention an assault rather say that a co-worker had "attempted to molest her". The member never made a significant attempt to report this in any other way. Since this incident involved a gay enlisted female, and in view of the overall position of the Military to gay servicemembers, I find her self report years later that she had been afraid to submit a report suspect.

I think it is noteworthy that she continued to have multiple contacts with multiple medical specialties for multiple physical problems over the next years. As I reviewed this chart I entertained diagnoses of factitious disorder, somatization disorder, and malingering (all of which are in fact associated with Axis II pathology). Not one physician note makes mention of anything remotely suggesting PTSD symptoms. An evaluation on 11-15-91 by a neurologist in connection with her physical complaints diagnosed "Psychological Factors Affecting Physical Condition". During this time she married a Viet Nam vet suffering from PTSD. Some 13 years after her release from active duty she presents to the VA for evaluation due to what apparently was the relatively sudden onset of psychiatric symptoms. The entire history presented to the V.A. is so perfect for making a strong, clean and clear diagnosis of depression and

PTSD I am inclined to not believe any of it. Even a letter of support from a friend is focused on her head and neck complaints.

Based on these issues I would strongly advise against changing her re-enlistment code. Needless to say, I am reluctant to agree that her current diagnosis of PTSD, if really present, is service connected.

Respectfully Submitted,

A thick, dark, horizontal blacked-out bar used to redact the signature of the psychiatrist.

CDR MC USNR-R
Staff Psychiatrist